

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2012-62-008472
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED FEB 23 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Length of stay in 1b

2 DAYS

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

ST. LOUIS

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

ALBERT

Middle

M.

Last

MOEBES

4. DATE OF DEATH

Month

2

Day

16

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-8-1892

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BEER BOTTLER

10b. KIND OF BUSINESS OR INDUSTRY

ANHEUSER-BUSCH

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

GEORGE MOEBES

13b. MOTHER'S MAIDEN NAME

KATHERINE DELAIVEY

14. NAME OF HUSBAND OR WIFE

MAY MOEBES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WORLD WAR I

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS ERNA HOFFMAN

Address

2718 HAMPTON

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

DUE TO (b)

Arterio Sclerosis/Heart Disease

DUE TO (c)

Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

13 Feb 62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

20f. CITY, TOWN, OR LOCATION

ST. LOUIS

COUNTY

MO

STATE

21. I attended the deceased from

13 Feb 62

to

16 Feb 62

and last saw him alive on

16 Feb 62

Death occurred at

6:35 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

M.D.

22b. ADDRESS

2705 Clifton

22c. DATE SIGNED

17 Feb 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

2-20-1962

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

MO

24. FUNERAL DIRECTOR

HOWARD H. MICHEL

ADDRESS

5930 SOUTHWEST

25. DATE RECD. BY LOCAL REG.

FEB 19 1962

26. REGISTRAR'S SIGNATURE

[Signature]

M.D.

[Signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

V. E. Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.